

# Fertility Apps Do not Help You Get pregnant

## **Fertility Apps Do not Help You Get pregnant**

### **Beyond Regular Intercourse**

Many women use fertility apps to track their menstrual cycle and time intercourse. Tracking cycles, using apps as method of registering when the cycle started and ended is fine. The use of apps to time intercourse is not supported by any scientific evidence. We know for a long time that conception is likely to occur when exposure to sperm takes place in the six days that end in ovulation.

### **Why Fertility Apps are Unlikely to be Helpful**

An analysis of large number of apps and websites indicates that only a minority will yield that fertile window and thus are unlikely to help women get pregnant.

Variation in the length of menstrual cycle 21 to 35 days will also means that ovulation day is very difficult to predict with methods readily available for women. Early ovulation (day 6 or 7 of the cycle) as well as late ovulation (day 18 to 20) will be missed. Conception will be a possibility in these cases for women having regular intercourse.

Sperm survives for at least 3 days. The WHO in a large study indicates that intercourse 3 times a day yields highest pregnancy rate among normal couples. Conceptually if you have intercourse 3 times a day, after menses, you have exposure to sperm all the time and there id no need to time ovulation. More accurate timing of ovulation using many self administered

methods has so far to demonstrate increase in pregnancy rate. More recently survey of more technology mediated methods also failed to show an increase in pregnancy rate beyond regular intercourse.

## **Effectiveness of Fertility Apps**

Beware of many writings about [fertility apps](#), what do they do and what do they do not do...They miss the most important piece of information. Do they enable you to get pregnant at higher odds than those not using the app? And of course they cannot accurately answer that question as they did not do the research that prove an improvement in pregnancy rate. Many articles about fertility apps start with the narrative assumption that they are effective without offering a reference or proof.

One recent scientific survey of over 50 apps indicated that most of them even miss the fertile period. Insisting on intercourse at a specific day is not helpful also can impair performance in men.

## **How Long Have you Been Trying to Conceive (TTC)**

It's exactly how long have you been having intercourse not protected by a birth control (pills, condom), irrespective of use of apps or any other method of timing ovulation. Not accounting for this period, artificially shorten the duration of infertility and delay seeking medical care.

It's great to use technology when it helps, it gives women a sense of empowerment. But when technology is not proven to be helpful then simple proven solutions should be used.

## **Possible Harm Caused by Using Apps**

When you use fertility apps alone to conceive you are in effect

1. Depriving yourself of other fertility tests. You will not

know if your partner sperm is normal or if your Fallopian tubes are open. Your egg reserve is also not evaluated. All these factors are important for decision making about fertility and how long you should continue to try using the app. For example, if your tubes are blocked or your husband sperm is low intercourse close to your ovulation will not be helpful leading to more time wasted and no improvement in chance of conception.

2. Preconception testing and counseling performed at initial fertility evaluation is skipped. That means the risk of common genetic and other diseases are not tested for e.g cystic fibrosis, sickle cell disease, spinal muscular atrophy, Ashkenazi Jewish Profile and others. These increase the risk of transmission of genetic diseases to the baby. Other infectious diseases are not tested for too e,g hepatitis, immunity to Rubella and chicken pox.

3. [Serious security and privacy flaws has been cited for some fertility apps](#). Fertility apps ask users for intimate details including weight, sex life, pregnancy, miscarriage.. [A recent consumer report](#) indicated that someone with no hacking skills can access all these data. Data are also shared without permission with other apps

**Do not use apps and have regular intercourse 3 times a week. Fertility Apps Do not Help You Get pregnant beyond Regular Intercourse and Delay a Complete Fertility Testing.**

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**[Fertility Treatment: Do not](#)**

# be Distracted



Fertility Treatment: do not be distracted by worthless recommendation

## **Fertility Treatment: Do not be Distracted**

When contemplating options for fertility treatment with your own eggs, it always boils down to continue frequent intercourse, ovarian stimulation / ovulation induction + IUI or some form of IVF. During consultation or when weighing your options do not lose perspective of the big picture. Many suggestions may present themselves and serve to distract you. Men and Women load up on these distractions from the web, friends, primary care physicians or the couple themselves.

Some of these recommendations are harmful because they shift the focus to non-proven interventions and most notably cause delay consultations with a reproductive endocrinologist and completing the infertility workup or starting treatment if needed.

## **Do not be distracted by these arguments**

### **I am *Healthy***

Many women in America consider being healthy as being fertile. The media also bombard us with photos of beautiful women in their forties with babies. Truly many women, are in great shape with ideal body weight, exercise regularly, have no medical problems and feel great about themselves.

Fertility though speaks to a specific set of factors related to the ovaries, fallopian tubes and quality of sperm. Healthy women can have low egg reserve or blocked fallopian tubes or their partners have low sperm counts. Hence their fertility could be impaired. On the other hand, women not leading a healthy lifestyle or having a medical disorder can be very fertile if all fertility factors (tube, ovary, sperm) are functional.

### **I did not try enough**

If you do not use birth control pills or condoms and you have having regular intercourse, then you are trying, irrespective of your conscious intentions. If you are you had regular intercourse for one year and are younger than 35 years or six months and 35 or older, then you have tried. Regular intercourse means two to three times a week. If you had intercourse with reasonable frequency for 6months to a year and you are not pregnant consult with a fertility specialist. There is a strong relationship between the length of trying and pregnancy rate. The longer that you have been trying, the lower the chance for spontaneous conception.

## **I did not time my ovulation**

Timing your ovulation is not required at all if you are trying to conceive. Actually timing your ovulation maybe harmful to your chance to conceive. Because the methods you would use to time ovulation (cervical mucus, ovulation prediction kits, basal body temperature or intelligent thermometers and apps) are not accurate, you may miss valuable time and have intercourse at the wrong time if ovulation takes place unexpectedly early. Moreover, you cannot get higher odds for getting pregnant above and beyond having intercourse three times a week because sperm will be available all the time when you ovulate. Several studies failed to show any increase in pregnancy rates using many of these timing methods.

## **On Fertility Apps and other monitors**

Many (>4 million) websites discuss times intercourse utilizing other methods (fertility monitor, cervical mucus, calendar methods, urine LH kits..). More recently [technology entrepreneurs](#) are delved into the “trying to conceive” area and volunteered advice. There is no evidence to support that any calculation method improves the odds of getting pregnant over frequent intercourse. These non-scientific advice is a major distraction. Even if these apps collected data on how many women got pregnant, without a comparison group, is not a prove that they actually work. [One study indicated that timed intercourse is associated with higher incidence of erectile dysfunction \(43%\) and extramarital sex \(11%\).](#)

## **My progesterone level is not optimal**

For almost all women, low progesterone level is not a cause for infertility. In natural cycles, progesterone starts to rise after ovulation. Levels of 3 nanogram/mL or more indicates ovulation, Optimal levels to maintain the lining of the uterus are 8 to 10ng/mL. Levels less than 8 (luteal phase

defect) may lead to miscarriage because progesterone is not adequate to maintain the lining of the uterus but it is not a cause for not getting pregnant (infertility). Progesterone is monitored, and supplemented if low, during fertility treatment but in itself low progesterone is not a cause for infertility.

## **On Clomid & Letrozole**

Clomiphene is widely used as initial fertility treatment. This use is commonly not appropriate because

a. clomid is used without infertility workup (checking ovarian reserve, sperm analysis and fallopian tubes)

b. clomid is used without performing basic tests related to the safety of getting pregnant (infectious disease and genetic screening)

c. clomid is used by women that are not likely to benefit from it e.g regularly ovulating women with low ovarian reserve and unexplained infertility. Women that are most likely to benefit from clomid are women with chronic anovulation e.g women with polycystic ovary syndrome (PCOS).

d. clomid is commonly used with no monitoring using ultrasound. If you do not get pregnant, one would not know if you did ovulate or not. 10-20% of women do not respond to clomid. If you are destined to get pregnant, there is a possibility that you have many eggs developing in the ovary because you are unduly sensitive to the medicine. Strong response to clomid makes you at risk for multiple pregnancy

e. clomid is commonly use for extended periods of time while the majority of pregnancies take place in the first 3 months.

f. IUI is preferred to intercourse only, in clomid cycles because it can cause the cervical mucus to be thick. IUI bypasses the cervical mucus and deposit the sperm into the cavity of the uterus

g. Letrozole is similar to clomid regarding the use and indication but there is evidence that pregnancy is higher after letrozole compared to clomid.

Use clomid or better letrozole for the right indication, with monitoring and for 3 (max 6) months only.

## **On Setting Time Limits**

For each fertility treatment step: intercourse, ovarian stimulation + IUI or IVF define the number of cycles you will try before proceeding to the next step. Statistically, these treatments are more likely to succeed in the first three treatment attempts. Subsequently, the chance for getting pregnant diminishes and you and your physician should consider moving to another treatment.

## **Do not lose track of your age and ovarian reserve**

You have normal fallopian tubes and partner sperm and you ovulate every month. Younger women are encouraged to try (have regular intercourse). The duration of trying on your own should be guided by ovarian reserve tests and age. Younger women with good reserve can try a bit longer than older women or women with low reserve. This recommendation should be based on scientific information not general perception. *Do not accept the advice 'keep trying' from any one without considering your age and without performing the tests for ovarian reserve (vaginal ultrasound, AMH and FSH on day 3). Female age is the most important factor in occurrence of a healthy pregnancy and should be the prime consideration even if ovarian reserve tests and other factors are normal.*

There is a plethora of low quality information, recommendation and advice out there. Women accumulate them from multiple sources or just using their simple logic. They can lead to delay in fertility testing and fertility treatment that could

be detrimental to future fertility.

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## Trying to Conceive (TTC): What Does Timed Intercourse Means?

If you are trying to conceive (TTC) there is one thing you need to do as it is very helpful in achieving a pregnancy.

There are also few things that are not very helpful.

### **Timed Intercourse : How to do it?**

The majority of pregnancies take place when intercourse takes place in the six day and especially two day period ending in the day of ovulation (fertile window). Some advice that ovulation should be timed using cervical mucus, basal body temperature or urinary luteinising hormone (LH) kit. Several factors are against this approach:

1. Timed intercourse is emotionally stressful
2. Sperm survive in the cervix, uterus and fallopian tubes for several days (>3 days, close to 7 days)
3. Studies that evaluated the use of mucus, BBT or LH kits to time intercourse did not report better odds for natural conception.

*The best approach to a timed intercourse is not to time it at all provided that sex is frequent enough to maximize the chance for sperm-egg interaction. Intercourse three times a week appears to optimize the chance for natural conception.*

It is not true that frequent **intercourse** reduces the pregnancy rate due to reduced sperm count and quality.

## **Timed Intercourse : How long?**

Approximately 85% of women trying to conceive conceive within the first year. [The American Society for Reproductive Medicine](#) recommend seeking consultation if pregnancy does not ensue after one year of intercourse in women younger than 35 years and six months in women 35 years and older.

## **The limited Value of Cervical mucus, BBT and LH kits**

Cervical mucus, BBT and LH kit are not accurate methods to **time ovulation**. Fluid cervical mucus, rise in temperature and positive urine LH can take place without ovulation or several days before ovulation. Studies evaluating these methods did not find an increased chance for pregnancy. Using a calendar or *App* to register symptoms and mucus was not scientifically evaluated.

For a minority of couples that cannot have frequent sex (every 2 to 3 days) the use of LH kits maybe helpful. All the other methods (mucus, temperature) had less than 50% correlation to ovulation.

## **Fertility Apps**



## Fertility Apps

**Fertility apps** are generally not helpful in enhancing fertility because they are not based on scientific information. The premise that cervical mucus character, urine LH kit and BBT charts are better than frequent intercourse is not scientifically correct. Thus apps based on tracking ovulation cannot contribute to your fertility beyond intercourse three times a week. No app so far was scientifically tested and was shown to enhance fertility in women or men.

*Conclusion:* Do have intercourse three times per week after the end of bleeding days. Do not time intercourse. If you must use urine LH kit. If you do not conceive in 6 months ( $\geq 35y$ ) or a year ( $< 35y$ ) consult with a reproductive endocrinologist. Throw your iPhone or keep it and delete the app (till a truly helpful app is available).